

PTO/SB/21 (09-04)

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TRANSMITTAL FORM

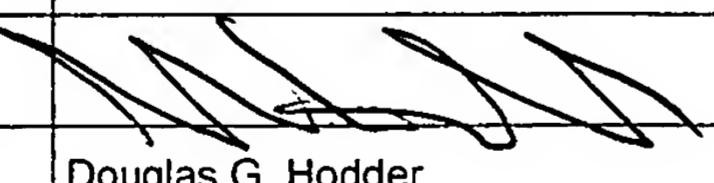
(to be used for all correspondence after initial filing)

		Application Number	10/646,655
		Filing Date	August 21, 2003
		First Named Inventor	Jee-Hoon KIM
		Art Unit	2871
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	5	Attorney Docket Number	404302001300

ENCLOSURES (Check all that apply)

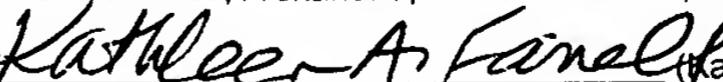
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (1 page)	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	1. Request for Withdrawal as Attorney in triplicate (3 pages)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	2. Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Douglas G. Hodder		
Date	March 10, 2005	Reg. No.	41,840

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 10, 2005

Signature:  (Kathleen A. Farrell)



PTO/SB/82 (09-03)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/646,655
	Filing Date	August 21, 2003
	First Named Inventor	Jee-hoon KIM
	Art Unit	2625
	Examiner Name	S. Chawan
	Attorney Docket Number	404302001300

I hereby revoke all previous powers of attorney given in the above-identified application.

 A Power of Attorney is submitted herewith.

OR

 I hereby appoint the practitioners associated with the Customer Number: Please change the correspondence address for the above-identified application to: The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	SecuGen Corporation
--	---------------------

Address	2356 Walsh Avenue
---------	-------------------

City	Santa Clara
------	-------------

Country	United States of America	State	California	Zip	95051
---------	--------------------------	-------	------------	-----	-------

Telephone	<input type="text"/>	Fax	<input type="text"/>
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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	Secugen Corporation
------	---------------------

Signature	
-----------	--

President, CEO and CTO, Secugen Corporation

Date	March 10, 2005	Telephone	408-727-7787
------	----------------	-----------	--------------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of 1 forms are submitted.



PTO/SB/83 (09-04)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/646,655
Filing Date	August 21, 2003
First Named Inventor	Jee-Hoon KIM
Art Unit	2871
Examiner Name	Not Yet Assigned
Attorney Docket Number	404302001300

Commissioner for Patents

To: P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- all the attorneys/agents of record.
 the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

CORRESPONDENCE ADDRESS

1. The correspondence address is NOT affected by this withdrawal.
 2. Change the correspondence address and direct all future correspondence to:

The address associated with Customer Number:

OR

Firm or Individual Name **SecuGen Corporation**

Address **2356 Walsh Avenue**

City **Santa Clara** State **California** Zip **95051**

Country **United States of America**

Telephone Fax

Signature

Name **Douglas G. Hodder** Registration No. **41840**

Date **March 10, 2005** Telephone No. **(650) 813-4203**

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.



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Zip	95051		
Country	United States of America		
Telephone			Fax
Signature			
Name	Douglas G. Hodder	Registration No.	41840
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